

Purpose The instrument is an observer rating scale, designed to measure the severity of symptoms in fibromyalgia and chronic fatigue syndrome patients. Consisting of 12 items, the scale evaluates pain, muscular tension, fatigue, concentration difficulties, failing memory, irritability, sadness, sleep disturbances, autonomic disturbances, irritable bowel, headache, and subjective experience of infection. Scale developers were specifically interested in creating a tool that could be used to monitor treatment outcomes. However, the scale requires a trained administrator, making it potentially unsuitable for large-scale research studies.

Population for Testing The majority of the scale's properties were assessed in a population of 100 female patients between the ages of 20 and 66 years. However, a group of 13 men were added to the sample when examining interrater reliability in order to rule out the effects of gender.

Administration The FibroFatigue Scale is an observer-rated instrument to be administered by a trained individual. It requires between 10 and 15 min for completion.

Reliability and Validity During an initial psychometric evaluation, developers Zachrisson and colleagues [1] found an interrater reliability of

.98 for the total scale. Items for the FibroFatigue Scale were chosen from the Comprehensive Psychopathological Rating Scale (CPRS) if they had a baseline incidence rate of at least 70% within a population of chronic fatigue syndrome and fibromyalgia patients.

Obtaining a Copy A copy of the scale can be found in an article published by developers (Zachrisson, 2002).

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Scoring Over the course of a clinical interview, administrators rate each symptom on a scale from 0 (absence of the symptom) to 6 (maximal degree of the symptom). In order to provide interviewers with a point of reference for evaluating severity, symptom descriptions are included for scores of 0, 2, 4, and 6. However, the points between these anchoring scores may also be used and can help to increase the instrument's sensitivity. Total scores can be calculated and compared longitudinally with scores from the same individual or they can be used as one-time measures of severity.

FibroFatigue Scale

Item list

1. Aches and pain	7. Sadness
2. Muscular tension	8. Sleep disturbances
3. Fatigue	9. Autonomic disturbances
4. Concentration difficulties	10. Irritable bowel
5. Failing memory	11. Headache
6. Irritability of infection	12. Subjective experience

1. Aches and pain

Representing reports of bodily discomfort, aches and pain. Rate according to intensity, frequency, duration, and requests for relief. Disregard any statement about the cause being organic.

0	Absent or transient aches
1	
2	Occasional definite aches and pain
3	
4	Prolonged and inconvenient aches and pain; requests for effective analgesics
5	
6	Severely interfering or crippling pains

2. Muscular tension

Representing the description of increased tension in the muscles and difficulty in relaxing physically.

0	No increase in muscular tension
1	
2	Some occasional increase in muscular tension, more evident in demanding situations
3	
4	Considerable difficulty in finding a comfortable position when sitting or lying; disturbing muscular tension
5	
6	Painful muscular tension; completely incapable of relaxing physically

3. Fatigue

Representing the experience of debilitating fatigue and lack of energy and the experience of tiring more easily than usual.

0	Ordinary staying power; not easily fatigued
1	
2	Tires easily but does not have to take a break more often than usual
3	
4	Considerable fatigue and lack of energy; easily wearied; frequently forced to pause or rest
5	
6	Exhaustion interrupts almost all activities or even makes them impossible

4. Concentration difficulties

Representing difficulties in collecting one's thoughts mounting to incapacitating lack of concentration.
Rate according to intensity, frequency, and degree of incapacity.

0	No difficulties in concentrating
1	
2	Occasional difficulties in collecting thoughts
3	
4	Difficulties in concentrating and sustaining thought which interfere with reading or conversation
5	
6	Incapacitating lack of concentration

5. Failing memory

Representing subjective disturbances of recall compared with previous ability.

0	Memory as usual
1	
2	Occasional increased lapses of memory
3	
4	Reports of socially inconvenient or disturbing loss of memory
5	
6	Complaints of complete inability to remember

6. Irritability

Representing the subjective experience of irritable mood (dysphoria), anger, and having a short fuse, regardless of whether the feelings are acted out or not. Rate according to intensity, frequency, and the amount of provocation tolerated.

0	Not easily irritated
1	
2	Easily irritated or angered; reports irritability, which is easily dissipated
3	
4	Pervasive feelings of irritability or anger; outbursts may occur
5	
6	Persistent irritability or anger which is difficult or impossible to control

7. Sadness

Representing subjectively experienced mood, regardless of whether it is reflected in appearance or not; includes depressed mood, low spirits, despondency, and the feeling of being beyond help and without hope.

Rate according to intensity, duration, and the extent to which the mood is influenced by events.

0	Occasional sadness may occur in the circumstances
1	
2	Predominant feelings of sadness, but brighter moments occur
3	
4	Pervasive feelings of sadness or gloominess; the mood is hardly influenced by external circumstances
5	
6	Continuous experience of misery or extreme despondency

8. Sleep disturbances

Representing a subjective experience of disturbed sleep compared to the subject's own normal pattern when well.

0	Sleeps as usual
1	
2	Slight difficulty dropping off to sleep, reduced duration of sleep, light or fitful sleep, or sleeps deeper or longer than usual
3	
4	Frequent or intense sleep disturbances; sleep reduced or broken by at least 2 hours, or several hours extra sleep
5	
6	Severe sleep disturbances; less than 2 or 3 hours sleep, or spends a great part of the day asleep in spite of normal or increased sleep at night

9. Autonomic disturbances

Representing descriptions of palpitations, breathing difficulties, dizziness, increased sweating, cold hands and feet, dry mouth, and frequent micturition. Rate according to intensity and frequency and duration of one or many symptoms.

0	No autonomic disturbances
1	
2	Occasional autonomic symptoms which occur under emotional stress
3	
4	Frequent or intense autonomic disturbances (two or more of above-mentioned symptoms) which are experienced as discomforting or socially inconvenient
5	
6	Very frequent autonomic disturbances, which interrupt other activities or are incapacitating

10. Irritable bowel

Representing a subjective experience of abdominal discomfort or pain along with descriptions of altered stool frequency or diarrhoea/obstipation, bloating or feeling of distension. Rate according to intensity, frequency, and degree of inconvenience produced.

0	No irritable bowel
1	
2	Occasional irritable bowel symptoms which may occur under emotional stress
3	
4	Frequent or intense irritable bowel, which is experienced as discomforting or socially inconvenient
5	
6	Very frequent irritable bowel, which interrupts other activities or are incapacitating

11. Headache

Representing reports of discomfort, aches, and pain at the head. Rate according to intensity, frequency, duration, and requests for relief. Disregard any statement about the cause being organic.

0	Absent or transient headache
1	
2	Occasional definite headache
3	
4	Prolonged and inconvenient headache; requests for effective analgesics
5	
6	Severe interfering or crippling headache

12. Subjective experience of infection

Representing descriptions of symptoms (e.g., mild fever or chills, sore throat, lymph node pain) and reports of infection (e.g., infection in upper/lower respiratory tract, urinary tract, gyn, derma). Rate according to intensity, frequency, and duration and also requests for treatment.

0	No symptoms of infection
1	
2	Occasional definite symptoms of infection
3	
4	Frequent or intense symptoms of infection; requests for treatment
5	
6	Severe interfering or crippling symptoms of infection

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Reference

1. Zachrisson, O., Regland, B., Jahreskog, M., Kron, M., & Gottfries, C. G. (2002). A rating scale for fibromyalgia and chronic fatigue syndrome (the FibroFatigue scale). *Journal of Psychosomatic Research*, 52, 501–509.

Maes, M., Mihaylova, I., & De Ruyter, M. (2006). Lower serum zinc in Chronic Fatigue Syndrome (CFS): Relationships to immune dysfunctions and relevance for the oxidative stress status in CFS. *Journal of Affective Disorders*, 90(2–3), 141–147.

Representative Studies Using Scale

Gottfries, C. G., Hager, O., Regland, B., & Zachrisson, O. (2006). Long-term treatment with a staphylococcus toxoid vaccine in patients with fibromyalgia and chronic fatigue syndrome. *Journal of Chronic Fatigue Syndrome*, 13(4), 29–40.